

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097868889 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2		1			
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TAL D.	1				
TAL P.	28	→	↓	→	↓
TAL AIMS	29	→	↓	→	↓

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51	IND.	DEP.	IND.
52	DEP.		DEP.
53			INC
54			DEP.
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TOTAL IND.		→	↓
TOTAL DEP.		→	↓
TOTAL CLAIMS		→	↓

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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